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To: Examiner John P. Leubecker
 Art Unit: 3739

From: Thomas Spinelli, Esq.
 Registration No.: 39,533

Fax: 571-273-8300

Pages: 15

Phone: 571-272-4769

Date: June 30, 2006

Re: USSN: 10/657,670
 Our Docket: 15228A

CC:

RCE AND AMENDMENT UNDER 37 C.F.R § 1.114

The following is being filed with the U.S. Patent and Trademark Office via facsimile on June 29, 2006:


1. Amendment Under 37 C.F.R. § 1.114 W/Transmittal in Duplicate
2. Request for Continued Examination (RCE) Transmittal in Dupl.
3. Authorization to Charge Deposit Account 19-1013 for \$790.00 (Filing Fee)
4. Certificate of Facsimile Transmission

Applicants: Yoshio Onuki, et al.
Serial No.: 10/657,670
For: MEDICAL GUIDE WIRE
Filed: September 8, 2003
Docket: 15228A
Dated: June 29, 2006
TS:cm

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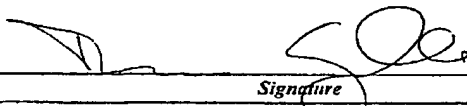
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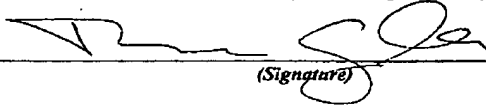
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Yoshio Onuki, et al.			Docket No. 15228A
Application No. 10/657,670	Filing Date September 8, 2003	Examiner John P. Leubecker	Group Art Unit 3739
Invention: MEDICAL GUIDE WIRE			
Confirmation No.: 2150		RECEIVED CENTRAL FAX CENTER JUN 30 2006	
<p>I hereby certify that this <u>AMENDMENT UNDER 37 C.F.R. 1.114</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>June 30, 2006</u> (Date)</p> <p style="text-align: center;"><u>Thomas Spinelli</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

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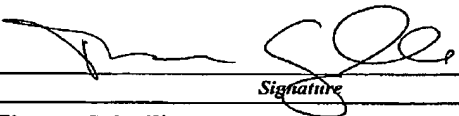
AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 15228A	
Applicant(s): Yoshio Onuki, et al.						
Application No. 10/657,670	Filing Date September 8, 2003	Examiner John P. Leubecker	Customer No. 23389	Group Art Unit 3739	Confirmation No. 2150	
Invention: MEDICAL GUIDE WIRE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	16 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: June 30, 2006			
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 15228A
Applicant(s): Yoshio Onuki, et al.			
Application No. 10/657,670	Filing Date September 8, 2003	Examiner John P. Leubecker	Group Art Unit 3739
Invention: MEDICAL GUIDE WIRE			
Confirmation No.: 2150			
<p>I hereby certify that this <u>AMENDMENT UNDER 37 C.F.R. 1.114</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>June 30, 2006</u> (Date)</p> <p><u>Thomas Spinelli</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u></u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 15228A	
Applicant(s): Yoshio Onuki, et al.						
Application No. 10/657,670	Filing Date September 8, 2003	Examiner John P. Leubecker	Customer No. 23389	Group Art Unit 3739	Confirmation No. 2150	
Invention: MEDICAL GUIDE WIRE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	16 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP . <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: June 30, 2006			
Thomas Spinelli Registration No.: 39,533			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence _____			
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